

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/660204**

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		2				
4		3				
5		4				
6		5				
7		6				
8		7				
9		8				
10		9				
11		10				
12		11				
13		12				
14		13				
15		14				
16		15				
17		16				
18		17				
19		18				
20		19				
21		20				
22		21				
23		22				
24		23				
25		24				
26	1		1			
27		1				
28		2				
29		3				
30		4				
31		5				
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47						
48						
49						
50						
TOTAL IND.			2			
TOTAL DEP.			29			
TOTAL CLAIMS			31			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						